

## (1) PLACE OF BIRTH

County of CherokeeTownship of Cherokeeor  
Inc. Town of  
or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

45750

Registration District No. 1102 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Lessie M. C. Clinton

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth 1

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 5

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thomas M. Clinton(9) PRESENT POSTOFFICE OF FATHER Cherokee S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 23

(Years)

(12) BIRTHPLACE Cherokee County(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Winther Wright(15) PRESENT POSTOFFICE OF MOTHER Cherokee S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 21

(Years)

(18) BIRTHPLACE Cherokee County(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive Jan 5 1916 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. G. Walls Cherokee S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 10 1916(28) W. G. Walls Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw, of Columbia